DAY SERVICES DATA RECORDING SHEET

<u>   </u> **DAY HABILITATION**   <u>   </u>**PRE-VOCATIONAL**   <u>   </u>**SUPPORTED EMPLOYMENT**   <u>   </u>**REHABILITATION SUPPORTS**
                                                                                  (JOB COACH SERVICES EXCLUDED)

CONSUMER: <u>   </u>   Month/Year: <u>   </u>   Primary Trainer: <u>   </u>   Lead Clinical Staff or Director Designee: <u>   </u>

Data Collection Days per Week: <u>   </u>   Start Date: <u>   </u>   <u>Projected</u> Completion Date: <u>   </u>

Data Recording Instructions:	**GOAL:** <u> </u>
A = <u>A</u>bsent **R** = <u>R</u>efused Intervention **X** = Facility Closed	**OBJECTIVE:** <u> </u>
- = Training/Intervention attempted, desired results not obtained	
+ = Training/Intervention provided with positive results	**PROGRESS CRITERIA:** <u> </u> **% of the time for** <u> </u> **consecutive months**

TEACHING METHOD/ / PROCEDURES: <u>   </u>

Activities to help accomplish objective:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1																															
2.																															
3																															
4																															
5																															
6																															
Staff Initials																															

Percentage (%) = number of +'s divided by the total number of +'s and –'s, Multiply by 100, then round off to 0 decimal places   (Key to staff initials on back of this form)

PROGRESS SUMMARY: Compare Progress Percentages from last 3 months.	**Month of:**	**Month of:**	**Month of:**	**Based on review of the last 3 months performance:**
	<u> </u>**%**	<u> </u>**%**	<u> </u>**%**	☐**Completion (new objective must be implemented) action required below** ☐**Progress made (continue objective, no action required)** ☐**No progress (revision necessary if no progress made over the 3 month period)**

NEW OBJECTIVE: Completion Box is checked.	**New Skill Area:** <u> </u> **Objective:** <u> </u> **Start Date:** <u> </u> **(A new data sheet is required for this new objective**
NO PROGRESS: Interventions necessary if no progress made over the 3 month period.	**INTERVENTIONS TAKEN TO IMPROVE PROGRESS:** <u> </u>
TIME IN / TIME OUT	**Unless documented on the reverse side of this sheet, the consumer was present during the entire day of normal business hours for this agency. The normal business hours for this program are:**

TIME IN / TIME OUT
DOCUMENTATION

Directions: When the consumer leaves the Day Activity Program for any reason before the end of the normal business day or arrives later than the start of the normal business day, documentation is necessary. Document the Date of the occurrence, the time the consumer arrived, the time the consumer left the agency and the time returned if applicable. Document the reason for the late arrival or early leaving and provide a signature of the staff responsible for this person.

DATE	TIME IN	TIME OUT	TIME RETURNED (*If Applicable*)	REASON FOR LEAVING	STAFF SIGNATURE

KEY TO STAFF INITIALS

INITIAL	STAFF NAME (PLEASE PRINT FULL NAME)

NOTE: Any additional data collected may be attached to this form as an addendum.

DAY SERVICES DATA RECORDING SHEET
INSTRUCTIONS

Appropriate Service:
- Check the box that corresponds to the appropriate service for which the consumer is authorized and receiving active treatment and data is being collected. This Data Recording Sheet does not apply to Job Coach Services.

Consumer's Name:
- Enter the consumer's first and last name.

Month/year:
- Enter the month and year for which the Data Sheet was provided.

Primary Trainer:
- Enter the name of the primary trainer that is currently working with this consumer.

Lead Clinical Staff:
- For consumers in Rehabilitation Supports enter the name of the Lead Clinical Staff that is currently working with this consumer.

Data Collection Days per Week:
- Indicate the number of days a week that data will be collected for this consumer. Training data must be collected for each day a unit of service is reported. A + or – will indicate that training was conducted for that day.

Start Date:
- State the date the Data Collection begins

Projected completion Date:
- State the date you anticipate the Data Collection for this goal will be completed.

Goal:
- State the goal the consumer is working on from the Day Plan and on which data will be collected

Objectives:
- State the objective from the Day Plan on which the consumer is currently working.

Progress Criteria:
- Indicate the percentage that will be used to determine progress for 3 consecutive months

Training Methods/Procedures:
- The training methods outlined in this section provides clear directions to any staff working with the consumer on how to implement the training objective. Procedures may include the simplification of steps, physical prompts, verbal prompts, gestured prompts or procedure derived from a task analysis.
- Additionally, this methodology must specify any other information that would be important and would affect the training such as hearing loss, visual impairment, limited use of extremities, etc.

Activities:
- List the activities on which data will be collected to accomplish the goals and objectives for this consumer.
- Each day data is collected, record in the box that corresponds with the date training was given, the appropriate mark according to the data recording instructions. (Example: A = Absent, R = Refused Intervention, X = Facility Closed, minus (-) = Training attempted but desired results were not obtained, plus (+) = Training provided with positive results).

Percentages:
- Percentages are used to determine if the consumer is making progress or not. To determine the consumer's progress percentage for the month; add the number of pluses and divide by the total number of pluses and minuses, then multiply by 100, then round off to 0 decimal places.

- Example: If the consumer had 17 pluses and 5 minuses for the month:
  - 17 divided by 22 (total number of pluses and minuses) = .7727
  - Multiply .7727 times 100 = 77.27
  - Round off to 0 decimal places = 77%

Progress Summary:
- Record the percentage of progress for 3 consecutive months. Enter the name of the month for each record and the percentage for that month.
- Review: Based on the last 3 months performance, make a determination of the progress of this objective and check the appropriate box.
  - Completion: The consumer has satisfactory completed this objective and a new objective is needed. Document the new objective in the area below labeled New Objective.
  - Progress made: Progress is being made, continue objective and no action is required.
  - No progress: Progress is not being made according to the percentages and revision of the objective is necessary if no progress is made over the 3 month period. Document the interventions taken in the area below labeled No Progress.

New Objective:
- If the completion box is checked a new objective must be developed. In the space provided indicate the Skill Area and the new objective along with the anticipated start date.
- A new Data Sheet is required for this new objective.

No Progress:
- If the No Progress box is checked, interventions are necessary to assist the consumer in successfully completing this objective. In the space provided identify the specific and detailed interventions that will be taken to improve progress on this objective.

Time in / Time out:
- **Unless documented on the reverse side of this sheet, the consumer was present during the entire day of normal business hours for this agency. List the normal business hours for the program. If the consumer is arrives after or leaves before normal business hours for the agency, documentation is necessary on the back of the Data Sheet.**

Time in / Time out: *(page 2, back of form)*
- **Each day the consumer arrives after or leaves before normal business hours for the agency, documentation is necessary on the back of the Data Sheet. Document the Date of the occurrence, the time the consumer arrived, the time the consumer left the agency and the time returned if applicable. Document the reason for the late arrival or early leaving and provide a signature of the staff responsible for the person.**

Key to Staff Initials:
- **For all staff initialing the documentation of data on the front of this form must indicate the initial used with the corresponding name for identification of initials.**

Note:
- **This form is a standardized form and must be used as a minimum by all Day Programs contracting with DDSN. Any additional data collection may be attached to this form as an addendum.**